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## \*BIBDATASHEET\*

CONFIRMATION NO. 4477

Bib Data Sheet

SERIAL NUMBER 09/866,573	FILING DATE 05/25/2001  RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 4305/1 J396-US1
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## APPLICANTS

John S. Haurum, Copenhagen O, DENMARK;

Kirsten Drejer, Vaerloose, DENMARK;

Ulrik Gregers Winther Morch, Copenhagen K, DENMARK;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/211,981 06/16/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/25/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DENMARK	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged  Examiner's Signature <i>[Signature]</i> Initials			

## ADDRESS

Kristina Bieker-Brady, Ph.D  
 Clark & Elbing LLP  
 101 Federal Street  
 Boston, MA  
 02110

## TITLE

POLYCLONAL ANTIBODY COMPOSITION FOR TREATING ALLERGY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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1244	<div data-bbox="980 155 1414 254"><input type="checkbox"/> Other _____ <input type="checkbox"/> Credit</div>
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